JOINT APPLICATION FOR DEPARTMENT OF THE AR (38 CFR \$25)	MY PERMIT AND NA WATER QUALITY (33 CFR 325.2.6)	CERTIFICATION		OMB APPROVAL N Expires October	
Fublic reporting burden for this collection of information is and completing and reviewing the collection of information of Defense, Washington Headquartors Service Directoral Reduction Project (-710-0003), Washington, DC 20508. If of the proposed activity.	on. Send comments regarding this burde and Information Operations and Reports, t	n estimate or any off 1215 Jefferson Davis	er aspect of this collection of in Highway, Suite 1204, Artington.	erching existing data sour formation, including sugg VA 22202-4302 and to the	oss gathering and maintaining the data nec estions for reducing this burden, to Depart a Office of Management and Burdent Bases
	,	RIVACY ACT STAT	WENT		
withority: 33 USC 401, Section 10; 1413, Section 404, is raters at the United States, and the transportation of dre likeliceure: Disclosure of requested information is volunt One set of original drawings or good reproducible copies i	Principal Purpose: These lews require per diged material for the purpose of dumplin ary. If information is not provided, hower	rmits authorizing act g it into ocean waters ver, the permit applic	ities in, or affecting, navigable . Routing Uses: Information pr ition cannot be processed nor	ovidad on this form will be can a permit be issued.	used in evaluating the application for a p
Engineer having jurisciction over the location of the prop	seed activity. An application that is not o	completed in full will t	e returned.	on (see sample crawings	and restroctions) and de stromitted to the Cr
. APPLICATION NO.	2. FIELD OFFICE CODE	IRU 4 TO BE FILLE	BY THE CORPS) 3. DATE RECEIVED		
	2. NELD OFFIDE GODE		3. ON IE NEGELVED		DATE APPLICATION COMPLETED
	(ITEMS BE	LOW TO BE FILLED	BY APPLICANT)		
APPLICANT'S NAME				NAME AND TITLE (an age	(bringen ton at Me
-			7		abace forest construct contracting and at
. APPLICANT'S ADDRESS). AGENT'S ADDRESS		
APPLICANT'S PHONE NOS. WIAREA CODE a. Residence		=	0. AGENT'S PHONE NOS a. Residence	W/AREA CODE	
b. Business			b . Business		
L	STATEMENT	OF AUTHORIZATION	ON .		
hereby authorize,	To act in a	ny behaif as 'ny age	t in the processing of this app	ication and to furnish, upo	in request, supplemental information in su
f this permit application.					
		Cr. i (Recol Seto)			
APPLICANT'S SIGNATURE				5.195	
AFFECANT S SIGNATURE	NAME, LOCATION A	ND DESCRIPTION O	F PROJECT OR ACTIVITY	DATE	
2. PROJECT NAME OR TITLE (see instructions)					
			12 Jan 32 32		
3. NAME OF WATERSCOY, IF KNOWN (FapoRatele)			4. PROJECT STREET A	ODRESS (Fapplicable)	
		1			
5. LOCATION PROJECT			•		
. LUCKTION PROJECT					•
COUNTY	STATE	_			
. OTHER LOCATION DESCRIPTIONS, IF KNOWN B	ne instructions)	Verse Magnes Inc	Topic Explication (special)	47 DES UPOLITA GEN	Autophological accompanies which to to
7. DIRECTIONS TO THE SITE					
S. Nature of Activity (Description of project, include all features)					
B		STATE SHARLING	1,000		MARCHAN TO SECURIFIED
 Project Purpose (Describe the reason or purpose of the project, se 	(Instructions)				
Marin Sal to Units . That part 21 years of Lements					
). Project Schedule	USE BLOCKS 20-23 IF DRED	GED AND/OR FILL	IATERIAL IS TO BE DISCHA	RGED	
w. Filipett delicetie			ac'io esse lo historianesi	Liversen et la brace et	to that of analysis is to experien
\$	Start Date	End Date	1000		Northwest of the State State of the Party
NG FORM 4345, Feb 94	DITION OF SEP 91 IS OBSOLETE				nent: CECW-OB)

(Proponent: CECW-OR)

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Type(s) a	l Malenal Being Disch:	arges and the Amount of Each Typ	e in Cubio Yards			economic de la compania	
			ner Edgestion, od lærs. Jestroapsidt al bestres	n naturalisti karah sa Jihancari Rik Gibermanika sabapan sa Malikan	group that is nellected in the real		ni hi egallodi) ya ganari sanghi w
	irea in Acres of Metan	nds or Other Waters Hilled (see instruct	int				
ls Any Po	rtian of the Work Alrea	edy Complete? Yes	No	IF YES, DESCRIBE THE C	OMPLETED WORK		BMMC BY RADIO
			LOS BASIROS (CO.) Applicados fortas				Wallows & 1925 Managanal Li
Addresse	s at Adjoining Property	Owners, Lessees, Etc., Whose Pr	operty Adjoins the Water	body (if more than can be entered ne	re, piease attach a suppleme	ntai list).	
Describe :	zny adverse water qua	ally impacts that may result from th	e proposed activity such	as increased turbicity or erosion. Ho	w long will such impacts occ	117	- 100 mm
Describe	methods to be used to	prevent water quality impacts who	on could interfere with alt	anment of State designated lishery, r	ecreation, irrigation, water su	poly of other uses.	udjane ve
List of Oth	her Certifications or Ap	provals/Denials Received from oth	er Federal, State or Loca	d Agencies for Work Described in This	Application.	TRUE	
	AGENCY	TYPE APPROVAL*	IDENTIFICA	ATION NUMBER	DATE APPLIED	DATE APPROVED	DATE DENIED
Application	n is hereby made for a	to zoning, building and flood plain p parmit or permits to authorize the w win or am acting as the duly author	ork described in this appl	ication. Toertry that the information in int.	this application is complete a	nd accurate. I further certify	that I possess the
	SIGNATURE OF A	APPLICANT -	DATE	SIGNATURE OF AGENT		DATE	